rates from all types of cardiovascular and coronary heart disease (3,4). Previously, it was reported that a *U*-shaped association existed between physical activity and incidences of stroke or mortality. In the Harvard Alumni Study, highly active men had elevated stroke risk when compared with moderately active men but lower risk when compared with low-active men (4). Contrary to the investigators, a previously published study even showed a positive association between physical activity and stroke incidence in a Japanese population (5).

Moreover, data from an integrated activity questionnaire and from recall diaries are converted to amount of energy expenditure, but this may lead to a source of bias. Ideally, except for frequency and duration components of physical activity, exercise intensity is important for a preventative approach. The method carries many difficulties, particularly for estimating different levels of physical activity.

Related to these arguments is the following question: What is the true path of the dose-response curve regarding physical activity and cardiovascular mortality in cardiac patients (3)?

Finally, the intensity of physical activity should be taken into consideration because it is a major contributor to exercise-induced medical complications. The intensity of such activities should be estimated and accurately prescribed to reduce health risks before participation in sports exercises.

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REPLY

In reply to Dr. Kasikcioglu's letter, our prospective study showed that sports participation of ≥5 times per week was associated with reduced risk of mortality from all cardiovascular and coronary heart disease (1). We did not have any information on physical activity intensity in our cohort. Also, our study did not provide information on the role of physical activity in postponing mortality in cardiac patients because we excluded subjects who had a history of stroke, coronary heart disease, and/or cancer at baseline inquiry. The *U*-shaped association between physical activity and stroke mortality was not observed in the present study, probably because the highest category of sports participation ≥5 times per week did not necessarily represent high intensive exercises. However, as far as sports participation, a potential benefit for reducing mortality from stroke was weak and not statistically significant.

As Dr. Kasikcioglu pointed out, our data lacked information regarding physical activity intensity, although a good correlation existed between the frequency of sports participation and the leisure-time physical activity score by the structural interview: Spearman's rank correlation was 0.53 in men and 0.58 in women (2).

We agree with Dr. Kasikcioglu's notion that the intensity of physical activity is estimated and accurately prescribed to reduce health risks before sports participation. Our data suggest that sports participation, when prescribed properly, has a potential benefit for reducing mortality from all cardiovascular and coronary heart disease.

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Pediatric Cardiac Critical Care Patients Should Be Cared for by Intensivists

We read with great interest the "Recommendations for Training in Pediatric Cardiology" by Beekman et al. (1). As critical care physicians from high-volume pediatric teaching hospitals with large cardiac intensive care unit (ICU) patient populations, we would like to comment specifically on the section describing advanced training in Pediatric Cardiac Critical Care.

The practice of high-quality pediatric cardiac intensive care requires a multidisciplinary collaboration between physicians (surgeon, cardiologist, intensivist, anesthesiologist, neonatologist) and other clinical disciplines, such as nursing, respiratory therapy, pharmacology, and nutrition support. Our comments are predicated upon the well-established concept that critically ill patients, including children, are best cared for by a multidisciplinary team of clinicians with the intensivist as the team leader or co-leader (2–5). Based upon data demonstrating better outcomes and decreased costs of such a model, market forces like Leapfrog and the National Quality Forum have mandated intensivist management